REPORT OF RECEIPTS AND DISBURSEMENTS Secretary of State Capitol Office Check here if above is different from previous report All candidates, excluding judicial candidates on the November 2016 General Election ballot. Termination Report (Candidate will no longer accept contributions, make Required to terminate reporting Expenditures, has no outstanding debt obligation and zero cash on hand balance.) obligations IMPORTANT (1) Annual Reports are mandatory, even if no contributions or expenditures have occurred. In such case, the candidate shall submit a report indicating "0" (zero) for total amount of reported contributions and expenditures during the reporting period. Until a Candidate files a Termination Report, all campaign finance disclosure reports must be filed in accordance with the applicable schedule set forth by Miss. Code Ann. § 23-15-807 (b) (ii) and (iii). The receiving office must be in actual receipt of the required report by 5:00 p.m. on the deadline. If the deadline falls on a

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weekend or legal holiday, the office must be in actual receipt of the required report by 5:00 p.m. on the first working day

	KELOKTED COM KIDOTIC	NAS WAD DISBORSEMENTS	
	Itemized + Non-itemized =	This Period	Calendar Year-To-Date
Total amount of contributions	\$ 80° +\$ 0°	\$ 80000	\$ 8000
Total amount of disbursements \$	1000 +\$ 2,57600	\$ 257601	\$ 257600
Total amount of cash on hand		\$ 22576.10	
I certify that I have examined this report and to the best of my knowledge and belief it is true, accurate, and complete.			

Authority: Refer to Miss. Code Ann. §23-15-801 (1972) et. seq. for statutory requirements.

before the deadline. Reports may be faxed or emailed.

Penalties: Failure to timely submit required reports in accordance with the applicable statutes may result in the imposition of a civil penalty in the amount of \$50 per day for ten (10) days and/or prosecution pursuant to Miss. Code Ann. §§ 23-15-811 and 813 (1972).

## SEND TO:

- 1. Candidates for statewide, state-district, or legislative office file all required reports with the Secretary of State, Elections Division, P. O. Box 136, Jackson, MS 39205 or fax to (601) 576-2545.
- 2. Candidates for county or county-district office file all required reports with the County Circuit Clerk's Office.
- 3. Candidates for municipal office file all required report with the Municipal Clerk's Office.

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Name of Candidate or Committee		***************************************
Reporting period	through _	

## ITEMIZED RECEIPTS

A. Source: Corporation PAC Individual Loan	Date (Mo., Day, Year)	Amount of each receipt
Other (please specify)	912116	this period
Mississippi, Power Co. Starke PAC	······································	\$ 20000
2992 West Deach Blud City, State, Zip Code	1	\$
		Assembos/shames Profestion as Vitabless for committee
Name of Employer (Réquired)		\$
Billy Thorton Occupation (Required) Chairman	Aggregate	\$ [
B. Source: Corporation   PAC   Individual   Loan	year-to-date Date	Amount of each
Other (please specify)	(Mo., Day, Year)	receipt this period
Full name ATAT MISSISSOPI PAC	10/5/10	\$ 30000
maining Address		\$
City, State, Zip Code Ctol St.	formation farming from the formation of	
Jackson, MS 39201		5
Name of Employer (Required)	1	\$
Occupation (Bequired) Covernment Relations	Aggregate year-to-date	\$
C. Source Corporation PAC Individual Loan	Data	Amount of each
C. Source Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify)		receipt this period
Full name  Gardon Park Medical Center RAC  Mailing Address	(Mo., Day, Year)	receipt this period
Other (please specify)  Full name  Cardon Park Medical Center RAC  Mailing Address  Up) E Card, to 1.  City, State, Zip Code	(Mo., Day, Year)	receipt this period
Other (please specify)  Full name  Gardon for k medical Center RAC  Mailing Address  Up E Cof, to 1  City, State, Zip Code  Jackson ms 33501  Name of Employer (Required)	(Mo., Day, Year)	receipt this period  \$ 500
Other (please specify)  Full name  Condon for k Medical Center PAC  Mailing Address  Up E Conf. to 1  City, State, Zip Code  Jackson MS 33501  Name of Employer (Required)  Charlit C ROSS	(Mo., Day, Year)	receipt this period  \$ 500  \$ 5
Other (please specify)  Full name  Condon for K Medical Center R.K.  Mailing Address  Up) E Cof, to 1.  City, State, Zip Code  Jackson MS Basol  Name of Employer (Required)  Chart C Ross  Occupation (Required)  Government Robots	(Mo., Day, Year)	receipt this period  \$ 500  \$ 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5
Other (please specify)  Full name  Condon for k medical Center PAC  Mailing Address  Up E Cond to 1  City, State, Zip Code  TackSon ms 33301  Name of Employer (Required)  Charit C Coss  Occupation (Required)	(Mo., Day, Year)	receipt this period  \$ 500  \$ 5
Other (please specify)  Full name  Corden Park Medical Center RK  Mailing Address  Up E Cof, to 1.  City, State, Zip Code  Jackson MS 39301  Name of Employer (Required)  Charit C Coss  Occupation (Required)  Corement Cotton  D. Source: Corporation PAC Individual Loan  Other (please specify)  Full name	(Mo., Day, Year)  Aggregate year-to-date  Date	receipt this period  \$ 500 \$  \$  Amount of each receipt
Other (please specify)  Full name  Corden Park Medical Center RAC  Mailing Address  Up E Cof, to 1  City, State, Zip Code  Jackson MS 39301  Name of Employer (Required)  Charlic Ross  Occupation (Required)  Coremant Cothers  D. Source: Corporation PAC Individual Loan  Other (please specify)  Full name  Baker, Donelson Rooman Caldwoll & Berkowitz MSPAC  Mailing Address	(Mo., Day, Year)  Aggregate year-to-date    Date (Mo., Day, Year)	receipt this period  \$ 500 \$  \$ Amount of each receipt this period
Full name  Condent for Medical Center RAC  Mailing Address  Up E Control  City, State, Zip Code  Jackson MS 33801  Name of Employer (Required)  Charter Coss  Occupation (Required)  Cosemant Coston  Other (please specify)  Full name  Paker, Donelson Bearman Calculate Be Kowitz MSPAE  Mailing Address  Post Box [4167]  City, State, Zip Code	(Mo., Day, Year)  Aggregate year-to-date    Date (Mo., Day, Year)	receipt this period  \$ 200  \$ 4 Amount of each receipt this period  \$ 200  \$ 200
Other (please specify)  Full name  Grade of Recommendation Center RAC  Mailing Address  Light E Conf. to  City, State, Zip Code  Jack Son MS Mailing Address  Occupation (Required)  Cosemment Coss  Occupation (Required)  Other (please specify)  Full name  Raker Donelson Recommendation of Berkowitz MSPAC  Mailing Address  Post Box [4167]  City, State, Zip Code  Jock Son MS Mailing Address  Name of Employer (Required)	(Mo., Day, Year)  Aggregate year-to-date    Date (Mo., Day, Year)	receipt this period  \$ 200  \$ 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4
Full name  Grade Park Medical Center PAC  Mailing Address  Up E Cap to 1  City, State, Zip Code  Jackson MS 33301  Name of Employer (Required)  Charlic Ross  Occupation (Required)  Goserment Waters  D. Source: Corporation PAC Individual Loan  Other (please specify)  Full name  Baker Dnelson Bornen Calbudle Be Kowitz MSPAC  Mailing Address  Post Box 14167  City, State, Zip Code  Tockson MS 3336	(Mo., Day, Year)  Aggregate year-to-date    Date (Mo., Day, Year)	receipt this period  \$ 200 \$  \$ Amount of each receipt this period  \$ 200 \$

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Name of Candidate or Committee	Carolin Cautors
Reporting period 1116	through (2- 31) (6

## ITEMIZED DISBURSEMENTS

A. Full name HRCC	Date (Mo., Day, Year)	Amount of each disbursement this period
Mariting Address	612016	\$ 10000
Tackson, MS 39201		5
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$
MS Gulf Coast Buddes ports	Date (Mo., Day, Year)	Amount of each disbursement this period
Malling Address 28339 Camille Dr.	216116	5 25000
lass Christian, 3957)	//	s
Purpose of Disbursement (Optional)	Aggregate Year-to-date	S
Robert Huff Design	Date (Mo., Day, Year)	Amount of each disbursement this period
Malling Address 1802 Hunters HII Cu	912616	\$ 21500
City, State, Zip Code Germantown, TN 38138	//	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	s
D. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Malling Address		s
City, State, Zip Code		S
Purpose of Disbursement (Optional)	Aggregate Year-to-date	s
E. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	//	S
City, State, Zip Code	//	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	S
F. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	//	\$
City, State, Zip Code	//	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$
	<del></del>	A CONTRACTOR OF THE STATE OF TH